

Revised
01/2009

MONTANA BOARD OF ARCHITECTS & LANDSCAPE ARCHITECTS

301 SOUTH PARK

P O BOX 200513

HELENA, MONTANA 59620-0513

(406) 841-2017 (406) 841-2309 FAX

E-MAIL: dlibsdlar@mt.gov

WEBSITE: www.landscapearchitect.mt.gov

**GENERAL APPLICATION PROCEDURE
LANDSCAPE ARCHITECTS**

Landscape Architects may be licensed in Montana by providing evidence of passing all sections of the Council of Landscape Architectural Registration Boards (CLARB) exam. Please contact CLARB at 703-319-8380 or you may obtain examination information from their website at: www.clarb.org

Written notification will be sent within 14 working days of receipt of the application advising the applicant of the status of the application.

All applicants shall:

1. Submit a completed application.
2. Applications must be signed.
3. Include a \$325.00 application/license fee. Make checks payable to the: Montana Board of Architects and Landscape Architects. Please do not send cash.
4. Applicants are responsible for contacting CLARB and to have exam scores sent to the Montana Board of Architects and Landscape Architects.
5. Upon approval of the application and verification of passing all sections of the CLARB exam, the applicant may be licensed.

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E-MAIL: dlibsdlar@mt.gov WEBSITE: www.mt.gov/dli/lar

Application by:
CLARB Record ☐

Application by:
Endorsement ☐

SOCIAL SECURITY NUMBER _____

FULL NAME _____

OTHER NAME(S) KNOWN BY _____

BUSINESS NAME _____

BUSINESS ADDRESS _____
Street or PO Box # City & State Zip Country

HOME ADDRESS _____
Street or PO Box # City & State Zip Country

PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____

TELEPHONE () _____ () _____ () _____
Business Home Fax

DATE OF BIRTH _____ ☐ FEMALE ☐ MALE

CLARB CERTIFICATION NUMBER _____

PLEASE INDICATE HOW YOU WOULD LIKE YOUR NAME TO APPEAR ON YOUR LICENSE
AND WALL CERTIFICATE: _____

All applicants must answer the following questions. If you answer, "yes" to any of these questions, attach a detailed explanation on a supplemental sheet containing names of organizations, dates, reasons, and outcome. If you answer "yes" to any question that relates to disciplinary action, attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

1. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.
☐ Yes
☐ No
2. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.
☐ Yes
☐ No
3. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.
☐ Yes
☐ No
4. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.
☐ Yes
☐ No
5. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.
☐ Yes
☐ No
6. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.
☐ Yes
☐ No

7. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.
- ☐ Yes
☐ No
8. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.
- ☐ Yes
☐ No
10. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source.
- ☐ Yes
☐ No
11. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.
- ☐ Yes
☐ No
12. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.
- ☐ Yes
☐ No
13. Have any civil legal proceedings been filed against you by an employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.
- ☐ Yes
☐ No
14. Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult.
- ☐ Yes
☐ No

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15. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

- ☐ Yes
☐ No

16. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.

- ☐ Yes
☐ No

17. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source.

- ☐ Yes
☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature of Applicant

Dated